

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Naresh T. Gunaratnam

Mailing Address 5300 Elliott Dr

Attn Carol Glatz

City

Ypsilanti

State

MI

Zip Code

48197-8632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huron Gastroenterology

Occupation

Gastroenterologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

Transaction ID : 20151117125250-27

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Clark A. Harrison

Mailing Address 880 Ryland St

City

Reno

State

NV

Zip Code

89502-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gastroenterology Consultants

Occupation

Gastroenterologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2015			

Transaction ID : 20151117125250-25

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Johannes Koch

Mailing Address 3016 Cascadia Ave S

City

Seattle

State

WA

Zip Code

98144-6214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Gastroenterologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : 20151117125250-2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►